

<input checked="" type="checkbox"/>	Rejected	<input type="checkbox"/>	(Through numeral) Cancelled	<input type="checkbox"/>	Non-Elected	<input type="checkbox"/>	Appeal
=	Allowed	+	Restricted	I	Interference	O	Objected

Claim	Date		Claim	Date		Claim	Date	
Final	Original		Final	Original		Final	Original	
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2			52			102		
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